UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D 7005 NOTICE OF SALE OF SECURITIES

> PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR**

IFORM LIMITED OFFERING EXEMPTION

OMB Number: 3235-0076 Expires: December 31, 1996 Estimated average burden

hours per form 16.00

Serial
1
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			<u> </u>					
Name of Offering (check if this is an amendment and name has changed, and indicate change.)								
WestLane Equity Income Fund LP - Limited Partnership Interests								
Filing Under (Check box)	es) that apply): Rule 504	☐ Rule 505	■ Rule 506	☐ Section 4(6)	□ ULOE			
Type of Filing:	■ New Filing	☐ Amendment						
		BASIC IDENTIFICATION D	ATA					
1. Enter the information	requested about the issuer				EBIO MBRANDANI KAMBANZANDA			
Name of Issuer (check	if this is an amendment and na	me has changed, and indicate cl	nange.)					
West one Faulty Income Fund I P								
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (
2777 Summer Street, 5tl	Floor, Stamford, Connectic	ut 06905	(800) 201-3940					
-	ness Operations (Number and	Street, City, State, Zip Code)	Telephone Numb	er (Including Area	Code)			
(if different from Executi	ve Offices)			5				
			<u> </u>	اللبية المستحد	HOCECCEN			
	curities for own account				- SOULU			
Type of Business Organiz				_ 1	NFC 2 0 200F			
☐ corporation	•	rship, already formed \Box other	(please specify)	12 "	are 6 0 5000			
☐ business trus	t 📙 limited partne	rship, to be formed			THOMAS			
Astual on Estimated Data	of In	Month Yes		☑ Actual	DEC 2 8 2005 THOMSON FINANGIAE			
Actual of Estimated Date	of Incorporation or Organization	on: 0 8 0	5	Actual .	MANAGO			
Jurisdiction of Incorporat	ion or Organization: (Enter two	o-letter U.S. Postal Service abbr	reviation for State:	D E				
CN for Canada; FN for foreign jurisdiction)								

GENERAL INSTRUCTIONS

RECEIVED

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CRF 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Avenue, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this from. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition, of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ Director Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ General Partner Full Name (Last name first, if individual) WestLane Capital Management, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 2777 Summer Street, 5th Floor, Stamford, Connecticut 06905 ☐ Beneficial Owner ☐ Executive Officer ☐ Director Check Box(es) that Apply: Promoter ■ Manager Full Name (Last name first, if individual) WestLane Advisors, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 2777 Summer Street, 5th Floor, Stamford, Connecticut 06905 ☐ Director ☐ General Partner Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner Principal of General Partner Full Name (Last name first, if individual) Slover, Elliot Business or Residence Address (Number and Street, City, State, Zip Code) 2777 Summer Street, 5th Floor, Stamford, Connecticut 06905 Check Box(es) that Apply: Promoter Beneficial Owner Principal of ☐ Director ☐ General Partner General Partner Full Name (Last name first, if individual) Colasante, David Business or Residence Address (Number and Street, City, State, Zip Code) 2777 Summer Street, 5th Floor, Stamford, Connecticut 06905 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Executive Officer Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Director ☐ General Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Executive Officer ☐ Director ☐ General Partner Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

					В.	INFORM	IATION	ABOUT	OFFER	RING					1 **
1.	Has the	issuer solo	d, or does	the issuer	intend to	sell, to no	n-accredit	ed investo	rs in this c	offering?				լ Yes	No
				Ar	iswer also	in Appen	dix, Colur	nn 2, if fil	ing under	ULOE.					X
2.	. What is the minimum investment that will be accepted from any individual *Subject to the discretion of the General Partner to accept lesser amounts								\$500,0	00*					
3.	Dogg the	a affanin a		_		ingle unit?				-				Vaa	Na
۵.	Does un	contening	permit jo	iii owiicis	mp or a si	ingie uiiit:		•••••••	•		•••••			Yes	No
														X	
4.	remuner or agent	ration for a	solicitatio er or dea	n of purch ler registe	nasers in c red with t	son who he connection he SEC are the connection in the connection which a broke the connection which a broke the connection a broke the connection which a broke the connection are the connection who is a second which a broke the connection which a broke the connection which are the connection wh	with sale: nd/or with	s of securi a state or	ties in the states, lis	offering.	If a person e of the br	on to be listoker or de	sted is an ealer. If r	associate nore than	d persoi
Full	Name (L	ast name	first, if in	dividual)											
Bus	iness or F	Residence	Address (Number a	nd Street,	City, Stat	e, Zip Coo	le)							
Nan	ne of Ass	ociated Br	oker or D	ealer											
State	e in Whic	ch Person	Listed Ha	s Solicited	d or Intend	ds to Solici	it Purchase	ers							
	(Check	"All State:	s" or chec	k individu	ıal States)					••••••				All S	States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Full	Name (L	ast name	first, if in	dividual)											
Bus	iness or F	Residence	Address (Number a	nd Street,	City, Stat	e, Zip Coo	le)							
Nan	ne of Ass	ociated Bi	roker or D	ealer											
State	e in Whic	ch Person	Listed Ha	s Solicited	d or Intend	ls to Solic	it Purchas	ers							
	(Check	"All State	s" or chec	k individu	ual States)									All S	States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [W1]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Full	Name (L	ast name	first, if in	dividual)											
Bus	iness or F	Residence	Address (Number a	nd Street,	City, Stat	e, Zip Coo	le)							
Nan	ne of Ass	ociated Bi	oker or D	ealer											
State	e in Whic	ch Person	Listed Ha	s Solicited	d or Intend	ds to Solic	it Purchas	ers							
	(Check	"All State	s" or chec	k individu	ual States)									All S	States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	(FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OR INVESTORS, EXPENSES AND USE OF PROCEEDS

Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the

	Aggregate Offering Price		Amount Already Sold
\$	0	\$_	0
\$	0	\$_	0
\$	0	\$_	0
\$	*	\$	5,426,944
\$	0	\$_	0
\$	*	\$	5,426,944
	Number of Investors		Aggregate Dollar Amount of Purchases
	17	_ \$_	5,426,944
	0		0
	,	\$	····
	Type of Security		Dollar Amount Sold
		_ \$	
		\$	
		_ \$_	
	\$	Offering Price \$	Offering Price \$

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of expenditure is not known, furnish an estimate and

	check the box to the left of the estimate.				
	Transfer Agent's Fees]	\$
	Printing and Engraving Costs			3	\$ <u>1,000</u>
	Legal Fees		.	2	\$ <u>15,000</u>
	Accounting Fees			<u> </u>	\$ <u>1,000</u>
	Engineering Fees]	\$
	Sales Commissions (Specify finder's fees separately)		·····]	\$
	Other Expenses (identify) delivery, mailing, fax, telephone, to	-		3	\$ <u>2,000</u>
	Total		<u>X</u>	3	\$ 19,000
	b. Enter the difference between the aggregate offering price gives response to Part C – Question 1 and total expenses furnish response to Part C – Question 4.a. This difference is the "adgross proceeds to the issuer."	ned in Ijusted			\$ <u>*</u>
•	Indicate below the amount of the adjusted gross proceeds to the used or proposed to be used for each of the purposes shown, amount for any purpose is not known, furnish an estimate and che box to the left of the estimate. The total of the payments listed equal the adjusted gross proceeds to the issuer set forth in respo Part C – Question 4.b above.	If the eck the d must	Payments to Officers, Directors, & Affiliates		Payments to Others
	Salaries and Fees		\$)	\$
	Purchase of real estate		\$)	\$
	Purchase, rental or leasing and installation of machiner	-	s \Box	ו	¢
	equipment	ш	. L	J	D
	Construction or leasing of plant buildings and facilities		\$	3	\$
	Acquisition of other businesses (including the value of sec involved in this offering that may be used in exchange for				
	assets or securities of another issuer pursuant to a merger)		\$]	\$
	Repayment of indebtedness		\$]	\$
	Working capital	×	\$All adjusted gross proceeds)	\$
	Other		\$]	\$
			\$]	\$
	Column Totals	×	\$All adjusted gross proceeds]	\$
	Total Payments Listed (column totals added)		\$All adjusted gross proc	eeds	

*No minimum or maximum amount

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502. See below

Issuer (Print or Type)	Signature	Date
WestLane Equity Income Fund LP	WestLane Capital Management, LLC its general partner By:	November <u>16</u> , 2005
Name of Signer (Print or Type) Elliot Sloyer	Title (Print or Type) Manager	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001)